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ATTORNEY DOCKET No.:

## COMBINATION DECLARATION &amp; POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Film laminates as high barrier films and their use in vacuum insulation panels"

the specification of which is attached hereto or which

was filed on 21 September 2001 as application Serial No. 09/961,099.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s), the priority (ies) of which is/are claimed:

100 47 043.2  
(Number)

GERMANY  
(Country)

22 September 2000  
Day/Month/Yr. Filed)

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
Day/Month/Yr. Filed)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

\_\_\_\_\_  
(Application Serial Number)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial Number)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; Lorimer P. Brooks, Reg. No. 15,155; and Bruce Londa, Reg. No. 33,531; all of 220 East 42<sup>nd</sup> Street, 30<sup>th</sup> Floor, New York, New York 10017; William R. Robinson, Reg. No. 27,224 of 721 Route 202-206 Bridgewater, New Jersey 08807; Davy E. Zoneraich, Reg. No. 37,267, Mark A. Montana, Reg. No. 44,948 and Robert A. Hyde, Reg. No. 46,354, of 721 Route 202-206, Bridgewater, New Jersey 08807, my attorneys with full power of substitution and revocation.

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FULL NAME OF FOURTH INVENTOR: \_\_\_\_\_

INVENTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

FULL NAME OF FIFTH INVENTOR: \_\_\_\_\_

INVENTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

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FULL NAME OF SIXTH INVENTOR: \_\_\_\_\_

INVENTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

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